

Medical Care Forum Set for Feb. 10

Come out and let your voice be heard by a panel of experts here to address your medical care issues: Lt. Gen. Ronald S. Coleman; Deputy Commander for Manpower and Reserve Affairs, and Maj. Gen. Elder Granger, M.D. U.S. Army; Deputy Director, TRICARE Management Activity. Information tables will also be set up to highlight services offered. The forum will be held from 6 to 7:30 p.m. in building 1707.

For more information call 830-6807.



Robert E. Bush
Naval Hospital

Don't forget about
your Sweetheart this
Valentine's Day
Saturday
February 14th



<http://www.med.navy.mil/sites/nhttp/pages/default.aspx>

Did you know?...

You have the right to express your concerns about patient safety and quality of care.

There are several avenues open to you:

- * Through the ICE web-site.
- * Through the Naval Hospital Customer Comment Cards.
- * The Hospital's Customer Relations Officer at 760-830-2475, or any of the Customer Relations representatives in the hospital's clinics.

Or Directly to the Joint Commission via:

E-mail at
complaint@jointcomission.org

Fax:
Office of Quality Monitoring
630-792-5636

Mail:
Office of Quality Monitoring
The Joint Commission
Oak Renaissance Boulevard
Oakbrook Terrac, IL 60181

Naval Hospital Announces People of the Year, Quarter

The people of the Year for the period from January 1, to December 31, 2008 and Quarter for the final period of the year from October 1, to December 31, 2008, have been selected at the Naval Hospital located at the Marine Corps Air Ground



Lt. Birdsong-Blanche

Combat Center.

The Officer of the Year is Lieutenant Twanna Birdsong Blanche, Department Head for the Patient Administration Department.

Officer of the Quarter is Lieutenant Commander Allyson



Lt. Cmdr. Watson

Watson, Department Head for the Maternal Infant Nursing Department and the Multi-Service Ward.



Ms. Parker

Petty Officer 1st Class Ryan Hildebrand has been named both Senior Sailor of the Year and Senior Sailor of the Quarter for the final Quarter of the year. Hildebrand is assigned to the Branch Health Clinic, Bridgeport, Calif.

Also taking double honors is Senior Civilian of the Year and



HM1 Hilderbrand



HM3 Groke

Quarter is Ms. Lori Beth Parker, who is assigned to the Branch Health Clinic at the Naval Air Weapons Station, China Lake, Calif.

Petty Officer, Ashley Groke of the hospital's Emergency Medicine Department has been selected as the Junior Sailor of the Year. Petty Officer Sarilyn Ogumoro, assigned the Surgical Services Department has been named Junior Sailor of the Quarter.

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February Is National Heart Health Month

Here Are Some Helpful Tips To Live A Heart Healthier Life!

By Martha Hunt, MA
Health Promotion and Wellness
Robert E. Bush Naval Hospital

Every year, more than 1 million Americans have heart attacks; 13 million Americans have coronary heart disease, and about half a million people die from it each year.

Risk factors for heart disease are typically labeled “uncontrollable” or “controllable.” The main uncontrollable risk factors are age, gender, and a family history of heart disease, especially at an early age. The risk of heart disease rises as people age, and men tend to develop it earlier. Men ages 45 and older are at increased risk of heart disease, while women 55 and older are at increased risk.

What is heart and cardiovascular disease? Heart disease refers only to diseases of the heart and the blood vessel system within the heart. Cardiovascular disease refers to diseases of the heart and diseases of the blood vessel system within the entire body.

What are the different types of heart & cardiovascular disease? Atherosclerosis is a type of thickening and hardening of the arteries. As we age, some hardening of the arteries can occur naturally. Coronary heart disease, the most common form of heart disease, affects the blood vessels (or coronary arteries) of

the heart. It causes angina (chest pain) and heart attacks. Angina is pain or discomfort in the chest that happens when some part of the heart does not receive enough blood. It feels like a pressing or squeezing pain, often in the chest under the breastbone, but sometimes in the shoulders, arms, neck, jaw, or back.

Lack of blood flow to the brain from a blood clot, or bleeding in the brain from a broken blood vessel, causes a stroke. Without a good blood supply, brain cells cannot get enough oxygen and begin to die. You can also have what are sometimes called “mini strokes,” or transient ischemic attacks (TIA’s), where no damage is done to the brain. But even though they do no damage, TIA’s are serious and can put you at higher risk of having a full stroke.

High blood pressure (or hypertension) is another form of cardiovascular disease where there is too much pressure in your blood vessels. A blood pressure reading measures the force of blood pumped from the heart against the walls of your blood vessels. It is recorded as two numbers: a top number of systolic pressure, or the pressure of blood in the vessels as the heart beats; and a bottom number of diastolic pressure, or the pressure of the blood between heart beats (when the heart rests).

Although the average blood pressure reading for adults is 120/80, a slightly higher or lower reading (for either number) may not be a problem. High blood pressure is diagnosed when the reading consistently exceeds 140/90. It is often called a “silent” killer because it usually has no signs or symptoms.

There are some factors that you can’t control such as getting older, family health history, and race. But you can do something about the three biggest risk factors for heart and cardiovascular disease -- Smoking, High blood pressure, and High blood cholesterol.

You can reduce your risk for heart and cardiovascular disease by following these steps. Quit smoking - talk with your health care provider or Health Promotions if you need help quitting. Cut back on foods high in saturated fat and cholesterol. Check blood pressure, cholesterol, and blood sugar levels and keep them under control. Exercise at least 30 minutes a day on most (if not all) days of the week. Lose weight if you are overweight and keep at a healthy weight.

The best way to combat heart disease is not just to know the risk factors but to “own” the risk factors that apply to you

and address the ones that are controllable. This means knowing what your risk factors are and doing something to change that risk. There are resources available to help you develop and maintain a healthy heart. For tobacco cessation contact health promotions at 830-2814 or talk to your primary care provider for more information. For Nutrition information contact the registered dietitian at 830-2274. For help controlling your diabetes better, contact the Diabetes education program contact the family practice clinic at 830-2093 and for Exercise programs contact the west gym at 830-6723.

All Hearts are Not Created Equal

By Diane Mayer
TriWest Healthcare Alliance

You may have heard that heart disease is the number one cause of death in the United States. What fewer people may know is that women are less likely to survive heart attacks than men. In fact, thirty-eight percent of women compared with 25 percent of men will die within one year after a heart attack, according to the American Heart Association.

Despite these facts, many women believe that heart disease is not a real problem for women. In fact, a study by the American Heart Association revealed that only 13 percent of American women know that heart disease and stroke are their greatest health threats, demonstrating the lack of knowledge and understanding most women have for their most serious health threat. In addition, despite the fact that minority women face the highest risk of death from heart disease and stroke, studies indicate that they have lower awareness of the risk factors.

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Commanding Officer

Captain Don Cenon B. Albia, MSC, USN

Executive Officer

Captain Bruce Laverty, MC, USN

Command Master Chief

HCMC (FMF) Kevin Hughes, USN

Public Affairs Officer/Editor

Dan Barber

Public Affairs Assistant

SK1 Kimberly Blain-Sweet

Command Ombudsman

Lacy Richey

Care Line 830-2716

Cell Phone (760) 910-2050

The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month’s edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

How to reach us...

Commanding Officer Naval Hospital
Public Affairs Office
Box 788250 MAGTFTC
Twentynine Palms, CA 92278-8250
Com: (760) 830-2362
DSN: 230-2362
FAX: (760) 830-2385
E-mail: d.barber@nhttp.med.navy.mil
Hi-Desert Publishing Company
56445 Twentynine Palms Highway
Yucca Valley, CA 92284
Com: (760) 365-3315
FAX: (760) 365-8686



Is it a spider bite or is it something worse?

By Martha Hunt, MA
Health Promotion and Wellness
Robert E. Bush Naval Hospital

If you think you have a spider bite, it might actually be an infection that needs medical attention. It could be a skin infection caused by either *Staphylococcus aureus* or MRSA.

Staphylococcus aureus, often called "staph" is a type of bacteria commonly found on the skin or in the nose of healthy people. Approximately 30 percent of people have staph in their noses and do not have any symptoms. MRSA, which stands for Methicillin-Resistant *Staphylococcus aureus*, is staph that is resistant to commonly used antibiotics. In the past, MRSA was found only in healthcare facilities and caused infection in people who were already sick. More recently, MRSA has been in the news for causing infections in otherwise healthy people.

What types of infections does MRSA cause? Most MRSA infections outside of hospitals are minor skin infections that may look like a spider bite - sores or boils that often are red, swollen, painful, or have pus or other drainage. These skin infections commonly occur either at sites of breaks in the skin such as cuts and abrasions, and areas of the body covered by hair (for example, the back of the neck, groin, buttock, armpit, or beard area of men).

Almost all MRSA skin infections can effectively be treated

by drainage of the pus by a healthcare provider with or without antibiotics. More serious infections such as pneumonia, blood or bone infections are rare in healthy people who get MRSA skin infections.

Like other causes of skin infections, MRSA is usually spread from person to person through direct skin contact or contact with shared items or surfaces (e.g., towels, used bandages, weight-training equipment surfaces) that have touched a person's infection. MRSA might spread more easily among Marines and Sailors because they have repeated skin-to-skin contact, get breaks in the skin such as cuts and abrasions that if left uncovered allow staph and MRSA to enter and cause infection, share items and surfaces that come into direct skin contact and have difficulty staying clean.

Anyone can get a Staph infection. People are more likely to get a Staph infection if they have: skin-to-skin contact with someone who has a Staph infection, contact with items and surfaces that have Staph on them, openings in their skin such as cuts or scrapes, crowded living conditions or poor hygiene.

How do you protect yourself from getting MRSA and other skin infections? Keep your hands clean by washing frequently with soap and water or using an alcohol-based hand rub. Do not share bar soap and towels. Wear protective clothing or gear designed to prevent skin abrasions or cuts. Cover skin abrasions and cuts with clean

dry bandages or other dressings until they are healed. Avoid sharing personal items such as towels and razors that contact your bare skin. Do not share ointments that are applied by placing your hands into an

open-container.

If you think you have a MRSA infection, tell your health care provider. Watch for redness, warmth, swelling, pus, and pain at sites where your skin has sores, abrasions, or cuts.

Sometimes these infections can be confused with spider bites. Do not try to treat the infection yourself by picking or popping the sore.

Keeping Private Things Private

TriWest Protects You

By Diane R. Mayer
TriWest Healthcare Alliance

We all know that it's important to protect your personal financial information; things like your Social Security number, bank account number, credit card number. It is equally important to protect your personal and potentially sensitive health information.

TriWest Healthcare Alliance wants you to rest assured that we are hard at work keeping your private information private.

TriWest has recently updated the www.triwest.com terms and conditions to include information on the use of electronic signatures. These terms and conditions and the TriWest privacy policy also include details regarding the use, review and correction of personal information.

To further protect your privacy, TriWest established a standard of confidentiality for information about a range of medical conditions that are considered sensitive. Information that is deemed to be "sensitive health information" is anything related to the treatment of:

- * Reproductive health
- * Sexually transmitted diseases



- * Substance abuse
- * Mental health
- * HIV

Continued on page 7

Super Stars...



YN3 Brandon Dobbs, Manpower, receives a Flag Letter of Commendation



HM2 Robert Hartley, Multi-Service Ward, receives a Navy and Marine Corps Commendation Medal.



CS3 Clinton Drewery, Combined Food Operations, receives a Navy and Marine Corps Achievement Medal.



Cmdr. Penny Heisler, Maternal Infant Nursing Department, receive a Letter of Appreciation from the CG of 4th Marine Division.



CS1 Kenneth Hogg, Combined Food Ops., received a Flag Letter of Commendation.



HM3 Mitchell Groke, Patient Admin, receives a Letter of Commendation.



HM1 Corey Miller, Adult Medical Care Clinic, receives a Commanders Award, on behalf of the Naval Hospital, for the 2008 Toys for Tots program.



HN Erica Murphy, Maternal Infant Nursing Department receives her first Good Conduct Award.



Eliza Russell, Central Files Division, receives a Twenty Year Federal Length of Service Award.



HM3 Devin Schmidt, Mental Health Department, receives her second Good Conduct Award.



CS2 Kaydine Erskine, Combined Food Operations Department, takes the oath at her recent reenlistment ceremony.



HM3 Kapri Willis, Multi-Service Ward receives her first Good Conduct Award.

NMCSD Implements Medication Reconciliation



onciliation worksheet is generated using the Electronic Medical Record, which tracks medications and provides an accurate discharge summary.

"It is important because inadequate or incomplete reconciliation results in patients taking too much, too little, the wrong type, or harmfully interacting drugs," said Hammes.

Lack of information about a patient's medication history can cause serious adverse effects. Implementation of Medication Reconciliation is a requirement for every accredited hospital in the United States. NMCSD is committed to ensuring that all patients receive safe, quality care, according to Hammes.

"It is a national goal to improve the use of prescription drugs. We require every patient who visits a clinic or ward to update the medications listed in their record. Their medication list will then be either added or removed from their medical record," said Lt. Laura Baraniak, NMCSD's senior nurse officer in the Medical Health Center. "Every patient should carry a list of all prescriptions and over the counter medications, herbals, and vitamins."

NMCSD has incorporated the medical reconciliation computer program in all clinics and support staff's computers according to Hammes.

"Since we began using the program we have cut down the time it takes to check in and check out a patient and it makes explaining the medications and precautions easier for them to understand," said dental assistant Hospital Corpsman 3rd Class Michelle Sabino. "Before we had the program, patients often got lost in the medical lingo and acronyms, and that's exactly why this program was put into action. We want to know what they are taking, and we want to explain in detail what their medication does, track past prescriptions and determine if they are compatible."

The process was screened and adjusted over a period of three months through random patient selection. Approximately 100 patient encounters were evaluated according to the office of the Chief Medical Officer website

(<http://www.tricare.mil/OCMO/>) Results showed patients leaving the Internal Medicine Clinic with a clear and accurate understanding of their medication rose from 35 percent to 90 percent. All medication lists met the medical reconciliation standards set by the Joint Commission, and reduced wait-

ing time by approximately five minutes per patient.

"We have been using the program here at NMCSD in Internal Medicine for about a month now and we are having great results. I really appreciate how dedicated my staff is to ensuring that they are diligent about this," said Douglass.

To Our Beneficiaries:

"The staff of Naval Hospital Twentynine Palms is honored to serve you and provide the highest quality of healthcare possible," said Commander Sharon Kingsberry, Outpatient Business Manager.

"Even though we are meeting set access to care standards, we have encountered some difficulties with our phone system which threatens to delay those standards," said Kingsberry. "Captain Don C.B. Albia, Commanding Officer of the hospital has launched an Access to Care Campaign to thoroughly investigate the telephone access problem and to solve the problem," she added.

"In our continued efforts to serve you, we've discontinued our contracted automated telephone line which was unreliable causing high volumes of dropped calls, changed your position on the line contributing to long wait times and continuous rings," Kingsberry said. "Instead we are using our regular telephone lines to answer your calls. Even though you will still experience long wait times, this is not our final solution to the problem. We're taking aggressive steps toward procuring a different system that works," said Kingsberry.

For an interim Solution-

1. Call 830-2752 to directly book your appointments
2. If you're experiencing telephone difficulties or long wait times:
 - a. Call the Quarterdeck at 830-2190. The receptionist will take your call and someone will call you back as soon as possible.
 - b. Do realize our peak times for calls are between the hours of 7:15 and 10 a.m.
 - c. Utilize our Walk-In Appointments Desk: on the first floor, near the TRICARE Services Center.
 - d. For follow-up appointments following a visit to your provider, be sure to book the appointment before leaving the hospital.
 - e. You can also book your appointment on the internet by accessing TRICARE Online by clicking on the link above.
 - f. Walk-In Pregnancy Tests Clinic- Family Medicine during regular clinic hours.

For appointment concerns contact Cmdr. Sharon Kingsberry, at 830-2942 or Lieutenant Darcy Wright, Customer Relations Officer at 830-2475.

By Mass Communication Specialist 3rd Class Jake Berenguer

SAN DIEGO - Understanding medications and tracking multiple prescriptions can be a challenge for both patients and medical providers. Naval Medical Center San Diego (NMCSD) implemented a program to help patients understand their medications and assist providers by providing a clear picture of patients' medication regimen.

Medication Reconciliation is an accurate list of prescriptions provided to the patient at the end of every appointment, according to Cmdr. (Dr.) John S. Hammes, chairman, department of internal medicine, NMCSD.

"For each and every patient we see in the clinic, we are sure to ask them if they have had a chance to review the medication list provided to them by the front desk when they checked in," said NMCSD's head of internal medicine, Cmdr. (Dr.) Alan Douglass. "I have noticed

that most patients will not produce the list until I ask about it."

At NMCSD all members who are certified to prescribe medication are involved in the Medication Reconciliation process. Clerks and hospital corpsmen checking in patients, facilitate the process by generating a current list of medicines and present the list to the patient to review and note prescription confusions that may be present. Some combinations of medications can cause serious reactions, so to prevent that, their provider reviews the list and makes corrections as needed.

If there is confusion, patients can contact the provider who prescribed the medication in question or their primary care giver. The patient is given an updated list at the conclusion of each appointment. For inpatients, a specific medication rec-

TRICARE Maternity Coverage What’s Covered and What’s Not

*By Diane Mayer
TriWest Healthcare Alliance*

TRICARE’s maternity benefits include prenatal care, labor, delivery and postpartum care. If you are eligible for TRICARE maternity coverage, here are a few details you’ll need to know to ensure that you and your baby are covered:

Eligibility
Any woman eligible for TRI-CARE benefits may receive

maternity care from the first obstetric visit through six weeks after delivery.

Referrals and Authorizations
If you think you are pregnant, or you know you are currently expecting, contact your primary care manager (PCM) if you have not already done so to talk with them about your obstetrical needs.

What’s Covered
TRICARE covers:
* Services and supplies associ-ated with prenatal care, labor,

delivery and postpartum care
* Anesthesia for pain manage-ment during delivery
* Emergency cesarean section
* Subscription to free weekly e-mail parenting newsletter, “eCareConnect” via www.thep-arentreview.com/DoD
* An ultrasound or sonogram determined to be medically nec-essary. A maternal ultrasound is covered only with diagnosis and management of conditions that constitute a high-risk pregnancy.
TRICARE does NOT cover:
* Personal comfort items such as private rooms and televisions after delivery
* “Routine” ultrasounds. You may choose to pay for a routine ultrasound separately from your TRICARE benefits.
* Treatments, procedures and technologies related to artificial

methods of reproduction includ-ing artificial insemination, in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT) or the reversal of a prior surgical sterilization.
* Ultrasounds to determine gender that are not medically necessary

NOTE: These lists are not all-inclusive. To determine if a spe-cific service is covered, visit www.tricare.mil>benefit infor-mation>medical>covered serv-ices.

Key Points to Remember for Expectant Mothers or Adoptive Parents
* If you and your spouse are both active duty service mem-bers, either of you may become the baby’s sponsor.

* Be sure to register your baby in the Defense Enrollment Eligibility Reporting System (DEERS) as soon as possible after your baby is born or adopt-ed.
* Once your baby is registered in DEERS, you will need to enroll your baby in TRICARE Prime or Prime Remote (TPR) within 60 days of birth or adop-tion. A newborn is covered as a TRICARE Prime or TPR bene-ficiary for the first 60 days fol-lowing birth or adoption as long as one additional family mem-ber is enrolled in TRICARE Prime or TPR.

Need more information? Visit www.triwest.com>beneficiary services>TRICARE Benefits or www.tricare.mil, or call 1-888-TRIWEST (874-9378).

Recovering Combat Vets, Family Resources a Keystroke Away

*By Shari Lopatin
TriWest Healthcare Alliance*

A new e-source offering volumes of help for recovering service members and their fami-lies is now just a keystroke away.
The National Resource Directory is a collabora-tive effort between the Departments of Defense, Labor and Veterans Affairs. This online library of information provides thousands of recovering serv-ice members, veterans, families and caregivers with resources they may need.
“Many times, people assume it’s just the injured service member or veteran who is traveling down the road to recovery. But it’s not. Spouses, chil-dren, caregiver... even parents... travel down that

road too,” said Dr. Frank Maguire, senior vice president of healthcare services and chief medical officer of TriWest Healthcare Alliance. Maguire is also a retired Navy Captain.
The new directory has information about every-thing from VA disability compensation and unem-ployment benefits, to family support services and education or employment help. It even connects to the Wounded Warrior Resource Call Center, which has trained specialists available to assist callers 24 hours a day, seven days a week.
So why all the hoopla over a new online directo-ry? Simple: it’s the most comprehensive directory designed to smooth the transition to full rehabilita-tion for recovering service members, families and

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Keeping Private Things Private...

Continued from page 3

- * Abuse
- * Rape

The detailed list of all specific sensitive diagnoses is available at www.triwest.com>Beneficiary Services>Auths/Referrals>Popular Links.

Personal health information about the range of medical diagnoses that are considered particularly sensitive is not available to registered users of www.triwest.com. Beneficiaries with a secure www.triwest.com account will receive QuickAlert e-mails only for non-sensitive authorizations and referrals. The restriction of access to sensitive diagnoses information is just one of many ways TriWest protects the privacy of TRICARE beneficiaries.

Sensitive diagnosis information will be mailed to the beneficiary or it may be requested by calling 1-888-TRIWEST (874-9378).

New Feature Online

TriWest has recently expanded the viewing capability of sponsors on www.triwest.com. Previously, authorizations, referrals and other information about family members age 12 and older were not accessible. Sponsors now have the ability to view all non-sensitive diagnosis authorization, referral and claims information about family members under age 18.

To see non-sensitive information for spouses and family members age 18 and older, specific access must be granted by the spouse and family member.

If you have questions regarding this policy or your TRICARE benefits, please visit www.triwest.com, contact TriWest at 1-888-TRIWEST (874-9378), or use the secure Web mail function of your www.triwest.com account to send us a secure message.

All Hearts are Not Created Equal...

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Here are some key facts:

- * More women than men die of stroke.
- * The risk of heart disease and stroke increases with age.
- * Diagnosis of heart disease presents a greater challenge in women than in men.

As with men, women's most common heart attack symptom is chest pain or discomfort. However, women are more likely than men to experience some of the other common symptoms such as shortness of breath, nausea or vomiting and back or jaw pain. Additionally, women tend to delay longer than men in getting help for a possible heart attack.

Many women delay because they don't want to bother or worry others, especially if their symptoms turn out to be a false alarm. But when you are facing something as serious as a possible heart attack, it is much better to be safe than sorry. Most hospitals have clot-busting medicines and other artery-opening treatments and procedures than can stop a heart attack, if given quickly. These treatments work best when given within the first hour after a heart attack starts, making immediate care for a suspected heart attack even more vital.

When you get to the hospital, don't be afraid to speak up if you experience any of the symptoms listed above. You have the right to be thoroughly tested and examined for a possible heart attack.

The best way to survive a heart attack is to prevent having one in the first place. For both men and women, the biggest risk factors that contribute to heart disease are smoking, high blood pressure, high cholesterol, family history and age. Take a moment to look at your lifestyle, family history and your general health.

Need more information? Visit www.triwest.com>beneficiary services>Healthy Living>Condition Management>Heart Disease.

Other valuable Web resources are the American Heart Association (www.heart.org) and the National Heart Lung and Blood Institute-NIH (www.nhlbi.nih.gov).

New Navy Center Promotes Strength through Mental Health

By Mass Communications Specialist 2nd Class (AW) Greg Mitchell

SAN DIEGO -- A new Navy program dedicated to restoring, protecting and building the mental health of Sailors, Marines and their families is now open at Naval Medical Center San Diego.

The major focus of the Naval Center for Combat Operational Stress Control (NCCOSC) is to promote the best practices in diagnosis and treatment of post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI), conditions that have

become synonymous with the unique demands placed on the armed services fighting the Global War on Terror.

Another key component of the center is to identify and incorporate into training the psychological resilience factors shown to help prevent stress injuries and to promote force readiness. Resources to aid families in adjusting to deployments—as well as to assist in coping with problems that might arise after a service member's return—are

also emphasized.

“NCCOSC highlights the change in Navy and Marine Corps culture to make certain that our troops are psychologically fit to meet the demands of the 21st century and new global realities,” said Capt. Paul S. Hammer, MC, USN, director of the center.

“Understanding that the enemy's purpose is to inflict combat stress on us, then at controlling stress is as essential as controlling the bleeding from a penetrating wound,” according to Hammer.

“We want to help not only those in distress, but to promote

Resources a Keystroke Away...

Continued from page 6

caregivers.

“The great thing about this National Resource Directory is it offers help and resources on all fronts, from housing and employment opportunities to survivor information and caregiver support groups. And while it addresses needs of the family, it also offers a library of resources available to help a recovering service member down that road to full rehabilitation,” Maguire added.

The directory began as a part of the need for improved access to information on services and resources for recovering service members, which was identified by the President's Commission on Care for America's Returning Wounded Warriors and Title XVI, “Wounded Warrior Matters,” of the 2008 National Defense Authorization Act.

Check out the new National Resource Directory at www.nationalresourcedirectory.org.

Recovering service members and their families and caregivers can also find information and resources at www.tricare.mil or through TriWest Healthcare Alliance, which administers the military health care plan throughout its 21-state west region, including at Twentynine Palms. Visit TriWest online at www.triwest.com or call 1-888-TRIWEST (874-9378) for additional resources and information.

New Navy Center Promotes Strength through Mental Health...

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good stress management for everyone that lasts from boot camp to war college,” Hammer added. “We must get past just dealing with people in crisis and instead promote a system that increases our ability to cope so that we rarely get into a crisis mode.”

According to some studies, including one released in April 2008 by the Rand Corp., as many as 20 percent of combat troops who have served in Iraq or Afghanistan have PTSD or a major depressive disorder. About 300,000 have experienced a probable TBI.

Attending the Jan. 16 grand

opening of the NCCOSC were Rear Adm. Christine S. Hunter, Commander, NMCSO, and Rear Adm. Karen Flaherty, Deputy Chief for Wounded, Ill and

BUMED in Washington, D.C. “We have made exceptional progress in helping wounded service members to recover physically and to rebuild their

“We have made exceptional progress in helping wounded service members to recover physically and to rebuild their lives”

*Rear Adm. Christine S. Hunter
Commander, Navy Medicine West*

Injured, at Bureau of Medicine and Surgery (BUMED). NMCSO has administrative oversight of the new center, which receives its funding from

lives,” said Hunter. “NCCOSC helps us to now focus on those whose wounds are hidden, to help them recover psychologically and to support their fami-

lies through education and all available services.”

In remarks, Flaherty acknowledged the important role of the center.

“This center is the result of a vision by many of you here today. A vision of what we could do to help understand the effects of stress on our warriors, our Marines, and our Sailors.

We know that stress reactions increase with prolonged exposure in combat and we know that some individuals appear to have more challenges than others even though all are affected. We also know that resiliency can assist with recovery. This center will be key in our discussions and discovery.”

Deployed Hospital Staff Members

Cmdr. Jeanmarie Jonston
Lt. Cmdr. Wayne Boucher
Lt. Colleen Mahon
Lt. Mercedes Patee
Lt.j.g. David Conley
Lt.j.g. Robert Clay Ward
SKCS Francisco Diego
HM1 John Tennis
HM3 Jonathan Kegley
HM3 Christopher Simmonds
HM3 Christopher Ike

HN Michael Sterret
HN Kameryn Wallace
HN Christopher Hughes
HN Neil Yasuda
HN Corbin McGraw
HN David Manthei
HN Kyle Bisbee
HN Alexie Novak
HN Michael Good
HN Matthew Snyder
HN William Bennett

HN Dontae Cone
HN Miles Coan
HN John Lonsdale
HN Jose Padilla
HN Sean Killoran
HN Nathan Cole
HN Christian Vicencio
HN Elston Stewart
HN Felix Valencia

People of the Year, Quarter...

Continued from page 1



HM3 Ogumoro

Medicine Clinic has been named as the Junior Civilian of the Quarter.



Ms. Smith



Ms. McCartney

Ms. Dolores McCartney, Branch Health Clinic China Lake, was selected as the Junior Civilian of the Year.

Ms. Jacklyn Smith, Family



HN Foley

Hospitalman Steven Foley, Pediatric Clinic, was picked for the Blue Jacket of the Quarter.